



Clinical Congress News

The American College of Surgeons • 81st Clinical Congress • October 22-27, 1995 • New Orleans

Quality of life is priority for elderly patients

Yesterday's panel participants in "Surgery in the Elderly Patient" concluded that in assessing risk and choosing appropriate procedures, it is important for surgeons to know the various complications that can affect the elderly population, as well as to remember that many elderly patients are most interested in palliative treatment and near-term results.

A capacity crowd listened to presentations by four panelists on the science and art of surgically caring for this most rapidly growing segment of the United States population.

Speaking on risk assessment and patient selection was Michael E. Zenilman, MD, FACS, assistant professor of surgery and chief of gastrointestinal surgery at Albert Einstein College of Medicine, Bronx, NY.

Criteria to be evaluated in the elderly patient, Dr. Zenilman said, are: systems assessment (cardiac, renal, and respiratory); risk of anesthesia; medical situation (complications); affected organ and choice of operation; and independent versus nursing home patients.

In discussing surgical mortality in anesthesia, Dr. Zenilman cited a study of major abdominal procedures in which patients under age 50 had a mortality rate below 1 percent. In patients between ages 70 to 79, the rate was below 3 percent: "Not as much of an increase as one would think," he said. What does

significantly increase risk in the elderly surgical patient, he cautioned, is concomitant medical disease.

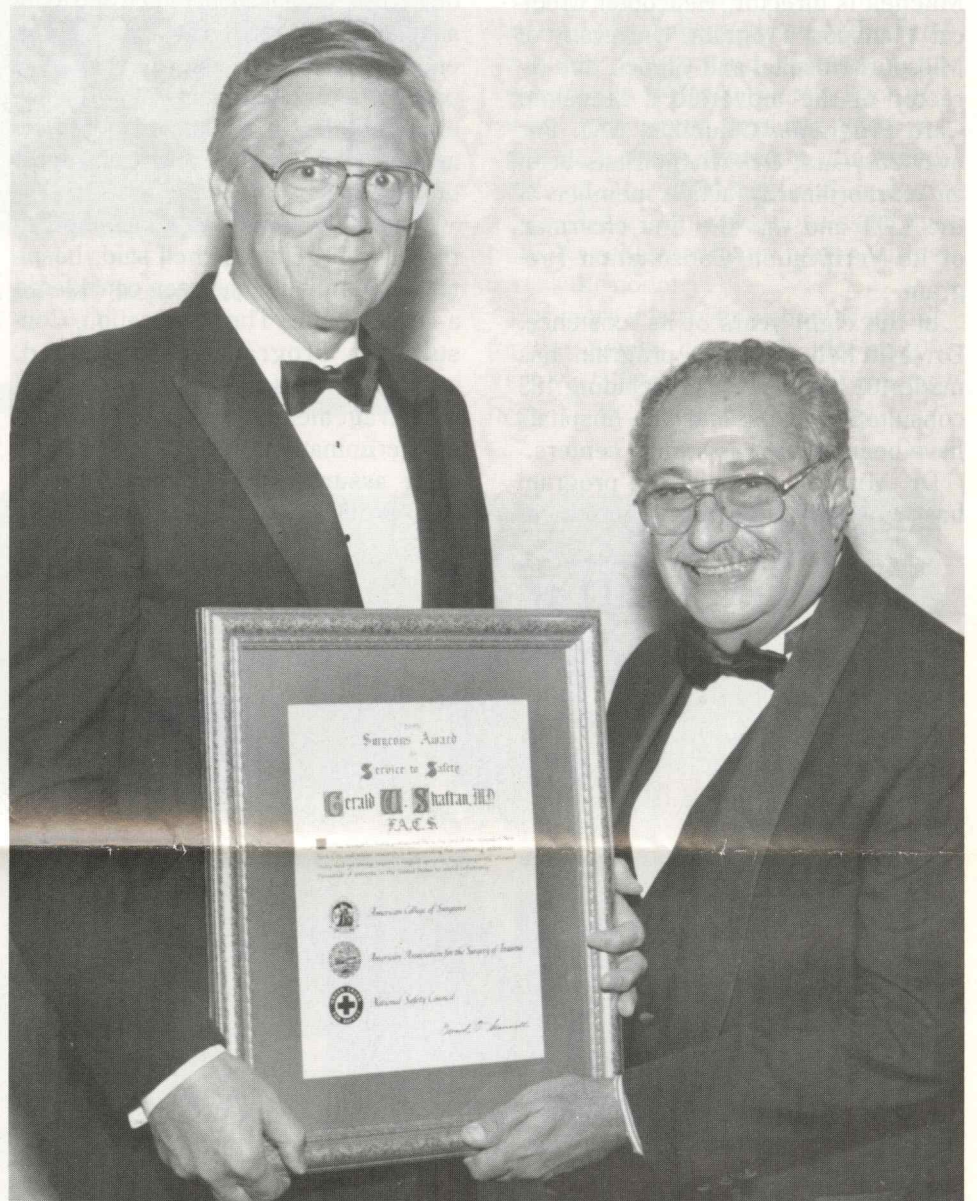
Many "basic clinical questions we need to assess," Dr. Zenilman said, can be examined by using the Goldman Risk Index, Gerson Criteria, and American Society for Anesthesiology Status Classifications.

Although Dr. Zenilman believes that surgeons can safely operate on the elderly patient if concomitant medical diseases are controlled, he suggested keeping several alternatives in mind: interventional radiology, percutaneous drainage, angioplasty, lithotripsy, and laparoscopy.

John C. Alverdy, MD, FACS, associate professor of surgery, University of Chicago, IL, spoke on applications of advancing technology in the elderly patient. Currently, he said, there are very few data to verify the efficacy of laparoscopy in the elderly population, and, as did Dr. Zenilman, he cautioned about hidden complications. "Laparoscopy should not expand the indications for procedures in the elderly just because it is perceived to be minimally invasive," he continued.

The most common indication for laparoscopy he has noted in his practice has been for decompression and feeding access. At the University of Chicago, Dr. Alverdy has performed 28

(continued on page 4)



Gerald W. Shafan, MD, FACS (right), from Brooklyn, NY, accepted the National Safety Council's Surgeons' Award for Distinguished Service to Safety from council representative Noel Bufe, PhD, on Monday evening at the Committee on Trauma's annual dinner. Each year, this award is presented through the joint efforts of the National Safety Council, the American College of Surgeons, and the American Association of Surgeons of Trauma to honor outstanding contributions toward safety.

Cancer center dedicated to Dr. Walt

The Barbara Ann Karmanos Cancer Institute of Detroit, MI, has announced plans to dedicate its Comprehensive Breast Center to Alexander J. Walt, MD, FACS, in recognition of his distinguished career and lifelong achievements in the fight against breast cancer.

Dr. Walt is President of the College and distinguished professor of surgery at Wayne State University. Since becoming a Fellow of the College in 1963, he has served as a member of the Executive Committee of the Board of Governors, 1978-1981, Vice-Chairman of

the Board of Governors, 1979-1981, a member of the Board of Regents, 1984-1993, and Chairman of the Board of Regents, 1991-1993.

The Alexander J. Walt Comprehensive Breast Center is a clinical service formed following the 1994 merger of the Michigan Cancer Foundation, the Meyer L. Prentis Comprehensive Cancer Center of Metropolitan Detroit, and the oncology programs of The Detroit Medical Center and Wayne State University. The clinical program was founded in 1990 with Dr. Walt providing the leadership role as medical director.

The multidisciplinary approach at the Alexander J. Walt Comprehensive Breast Center includes: four surgeons, three medical oncologists, two radiologists, two radiation therapists, one clinical psychologist, and part-time support from plastic surgery, clinical genetics, and pathology. Each year, the center performs more than 6,000 screening and diagnostic mammogram examinations, 200 interventional diagnostics by needle localization and core biopsy, and clinical evaluations of breast complaints by approximately 700 new patients and 1,200 return patients.

The center participates in many

cancer prevention and treatment research trials, including: Breast Cancer Prevention Trial, Tumor-Assisted Biomarkers in Breast Disease, Oxidative DNA Study, Women's Interventional Nutrition Study, and Breast and Cervical Cancer Screening Program (Title XV).

Future goals are to expand the center 2,000 square feet to provide an on-site ambulatory operating room for breast biopsy, expansion of the interventional diagnostics with digitalization equipment and state-of-the-art ultrasonography, and program planning for breast cancer rehabilitation.

"Purest form of peer review" discussed

The Verification/Consultation Program of the American College of Surgeons' Committee on Trauma (COT) is the purest form of peer review in all of medicine," according to yesterday's Scudder orator, Frank L. Mitchell, MD, FACS. Dr. Mitchell is director, Helicopter Medical Transport Program, University of Missouri Hospital and Clinics, and director of the university's Managed Care Programs, Columbia, MO. For over 25 years, Dr. Mitchell has been an extraordinarily active member of the COT and was the first chairman of its Verification/Consultation Program.

In the eight years of its existence, Dr. Mitchell said, the program has made 463 hospital visits, including 165 consultation visits, and 139 hospitals have been verified as trauma centers.

Dr. Mitchell said that the program has benefited from the "commitment

to the pursuit of the optimal care of the injured patient" of more than 60 trauma surgeons who have worked to bring the program's goals to fruition.

Since getting the "go-ahead" in 1986 from the College's Board of Regents, the members of the verification committee have had as their goal to be objective, unbiased, factual, and consistent, Dr. Mitchell said. Toward that end, he continued, they developed a prereview questionnaire and reviewers' guidelines, organized a review agenda, and provided a written report outline.

From the committee's inception to the present, Dr. Mitchell said, hospital confidentiality has been considered a critical point. The Verification/Consultation Program, he continued, strives to offer "assurance and encouragement...no embarrassment, no recrimination."

He assured the audience that all ACS-verified trauma centers have to

meet the same criteria; a Level I center in, for example, California must meet the same criteria as a Level I center in Mississippi.

Dr. Mitchell praised the consistency rate of the verification program: there have been three reviews (1.8%) with missed deficiencies, and four (1.3%) hospitals were unhappy with results. This consistency rate, he said, "speaks of the knowledge and professionalism of the committee's members."

Two hospitals, East Texas Medical Center and Los Angeles County Hospital, Dr. Mitchell said, have been willing to waive confidentiality, allowing published results of their better patient outcomes, attributable to the College's program.

Part of the committee's standard setting for peer review has been the College's *Resources for Optimal Care of the Injured Patient*, Dr. Mitchell said. Recent modifications in that document, he said, have been addition of

definitions, information on quality improvement, explanation of the trauma systems concept, addition of Level IV designation, and others.

Dr. Mitchell then discussed the importance of the organizational structure of a hospital's trauma program, saying, "The trauma coordinator is the glue that holds the program together."

Dr. Mitchell, in looking toward the future of trauma care and verification, said, "The need to control costs is no longer just a good idea, it is mandatory." He said that some areas to scrutinize for cost efficiency in a hospital trauma service are: number of members of a trauma team, the tiered response, necessity of the in-house surgeon, and 24-hour OR capacity.

In concluding the oration, Dr. Mitchell deemed the years he spent on the Committee on Trauma and the Verification/Consultation Program "the most satisfying in my career."



Dr. Petrana P. Doynova (right) of Bulgaria, the first recipient of the Islami International Guest Scholarship, is congratulated by Mrs. Joan Islami and her son Kim. The scholarship, endowed by the Abdol Islami Family and Foundation, enables Dr. Doynova to visit the Clinical Congress and hospitals throughout the United States. It is one of eight International Guest Scholarships awarded this year. Dr. Doynova said she is the first doctor in her country to receive such a scholarship.

Initiates' Program focuses on surgical standards, ethics

For the seventh consecutive year, the College's Committee on Young Surgeons will present an Initiates' Program at the Clinical Congress. This year's program, "Surgery—Taking the High Ground," will take place this afternoon from 3:00 to 5:00 in MR 2-6 of the Morial Convention Center.

One of the purposes of the program is to welcome Initiates into the College and to acquaint them with some of the major issues confronting surgeons today. All Fellows who are interested in the program are

encouraged to attend.

Martha Dawes McDaniel, MD, FACS, who is Chairman of the Committee on Young Surgeons, will serve as moderator. Scheduled presentations are: "Promoting Ethical Legislation to Legislators," by Charles Lane Rice, MD, FACS; "Standard Setting by the American College of Surgeons," by Lloyd D. MacLean, MD, FACS; "Ethical Issues in Surgery," by Edward E. Partridge, MD, FACS; and "From Fee-Splitting to CPT Codes," by John Ochsner Gage, MD, FACS.

No smoking

Ernest N. Morial Convention Center is a nonsmoking building; therefore, the College requests that you refrain from smoking on the premises.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Aaron Medical Industries, Inc.
ACS Insurance Program
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Editor:

Stephen J. Regnier

Associate Editor:

Jennifer F. Herendeen

Assistant Editor:

Tina Woelke

Photography Editor:

Donna Gibson

Director of Communications:

Linn Meyer

Photography: Chuck Giorno Photography

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

Knowing history prevents policy without principle

At yesterday afternoon's Science and Humanism seminar the question, "Will medical history help your practice?" was answered with a qualified "yes."

Seminar moderator C. Rollins Hanlon, MD, FACS, discussed the history of hospital design and purpose. Dr. Hanlon, ACS Executive Consultant and former ACS Director and President, spoke about the book *A Work of Mercy: A Picture History of Hospitals* by Grace Goldin. The book, he said, "bespeaks a great deal of scholarship" on the spiritual attitude of caregivers as well as the buildings designed for those activities.

He offered a detailed account of the cover of Mrs. Goldin's book, which is a reproduction of the 200-year old painting, *View of the Sickworld of St. John's Hospital*, by Johannes Beerblock. Although at that hospital there was "not a great deal of curing," Dr. Hanlon said, "there was a great deal of caring."

He reminded the audience that at St. John's, as in most other hospitals of the time, "charitable care through spiritual motives was the dominant concept," which can be seen in the various religious icons and persons in the painting. As described in Mrs. Goldin's book, many hospitals at that time were attached to chapels, where the daily religious activities were experienced by patients and clergy alike, said Dr. Hanlon.

In outlining daily activities of the hospital, he paraphrased Mrs. Goldin: "However motivated by matters of the spirit, the hospital had to deal with problems of the body." Therefore, he said, many hospitals, such as St.

John's, were built on rivers to effectively deal with waste management: matters of spirit and body were combined.

A Work of Mercy also outlines the architecture of the early military hospital (often designed to be burned or torn down to prevent "contagion," Dr. Hanlon said), the building design and patient care influence of Florence Nightingale, and the innovative design in the 1870s of the Johns Hopkins Hospital.

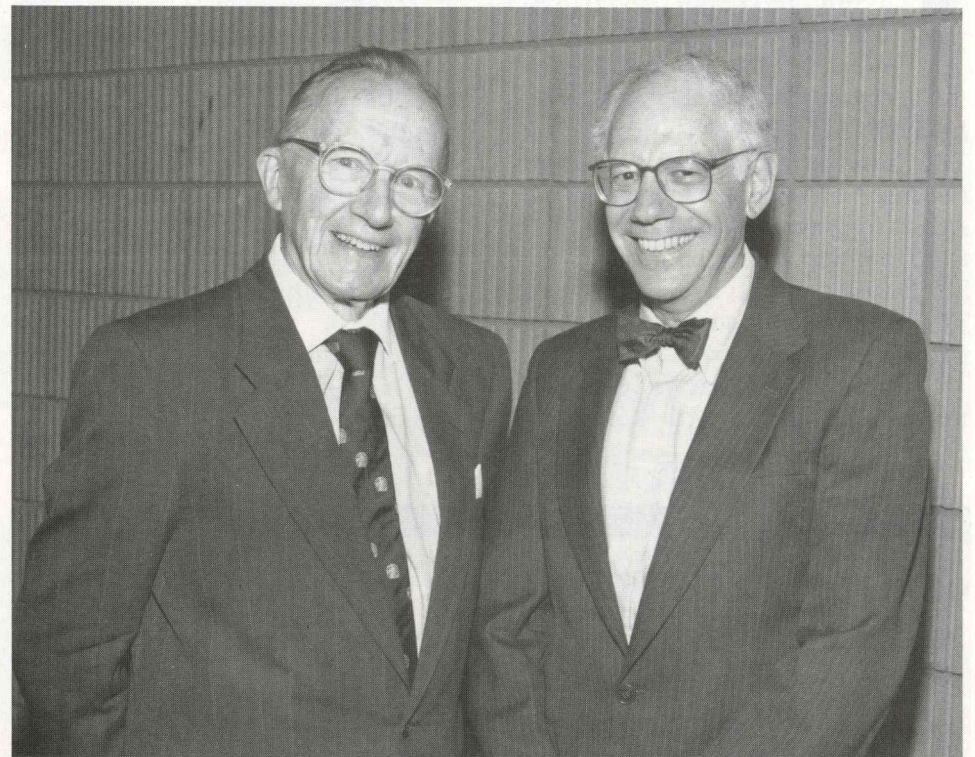
Calling Grace Goldin a scholar in social and architectural history, Dr. Hanlon recommended her book as a source for understanding the spiritual roots of devoted and often selfless patient care.

Originally scheduled to present at the Science and Humanism Seminar this year, Mrs. Goldin recently suffered a fatal stroke.

Speaking about "The Use and Abuse of Medical History" was Gert H. Brieger, MD, professor of the history of medicine at Johns Hopkins University in Baltimore, MD, and co-editor of the *Bulletin of the History of Medicine*.

Dr. Brieger believes that medical history is a means of analysis for studying the origins and treatment of illness. However, he said, except for the field of psychiatry, it is not a diagnostic tool. After all, he asked, if your child were receiving an X ray of a Colles fracture, would it really matter if the treating physician knew who Abraham Colles or Wilhelm Conrad Röntgen were?

Also, Dr. Brieger said, presenting medical history and other humanities to medical students is "no guarantee of creating a humane physician." Still, Dr. Brieger said, medical history can:



Dr. Hanlon (left) and Dr. Brieger

(1) provide role models, (2) be a source for clinical information, (3) enhance the image of physicians, (4) enhance bedside teaching, and (5) provide a "proper degree of skepticism."

Dr. Brieger stressed that a knowledge of history (and the other humanities) can help bring unity to the profession. He also believes that, when correctly studied and interpreted, history can provide a foundation and perspective from which physicians can make informed and thoughtful choices

about patient care today and in the future.

Finally, Dr. Brieger said that the "ultimate aim of medicine is to prevent sickness," and medical history can provide interest and inspiration, without which "ours would be an impoverished profession."

Clinical Congress seminars on science and humanism have been sponsored since the 1980s and are based on the principle that surgeons can benefit from thoughtful exposure to various aspects of the liberal arts.

Program Changes

Scientific Exhibits

Jasmine G. Brooks, DO, and Steven P. Lehmbeck are co-authors of SE282, "Safety Scalpels: A Comparison."

Clinitapes

Postgraduate Course #8 on Thoracic Surgery has been added to the list of

program sessions available from ACS Clinitapes. The tapes will be available approximately five weeks after the Congress and will include a syllabus and CME "creditpak." Further information is available at the Clinitape booth in the registration area of the convention center.

1997 ISS World Congress will meet in Acapulco

The International Surgical Week of the 37th World Congress, sponsored by the International Society of Surgery (ISS) and the Societe Internationale de Chirurgie will be held in Acapulco, Mexico, August 24-30, 1997. Further information regarding this international meeting may be obtained by contacting ISS headquarters at Netzbodenstrasse 34, PO Box 1527, CH-4133 Pratteln, Switzerland; tel. 41-61-811-47-70/72, fax 41-61-811-47-75.



At the Fellows Leadership Society Luncheon this week, Dr. Joseph Bianchine (right), senior vice-president and director of Pharmacia Medical Research Center, presented Alexander Walt, MD, FACS, ACS President, with a check for \$80,000 for the ACS Scholarship Endowment Fund.

Through the generosity of Pharmacia, the College will award two two-year ACS Pharmacia Resident Scholarships.

NATIONAL TRACS® introduces version 2.5

In July 1995, the NATIONAL TRACS® team introduced a substantially improved trauma registry software package—NATIONAL TRACS® Version 2.5. The improvements, designed with the input of several surgeons of the ACS Committee on Trauma and trauma nurse coordinators from major hospitals that use NATIONAL TRACS®, are embodied in this new software release.

The College staff actively worked for over 18 months with Committee

on Trauma surgeon representatives and the beta test sites' trauma nurse coordinators—led by Cindy Crocker, RN, Parkland Hospital; Grace McDonald-Smith, MEd, Massachusetts General Hospital; and Cindy Andrews, RN, Carolinas Medical Center—to design, develop and test Version 2.5.

Major enhancements of Version 2.5 include:

- Improved ICD-9 and AIS-90 coding.
- The addition of probability of survival calculations.

- The automatic calculation of 1993 Resources Document audit filters.

- Trauma team activation data.
- The addition of a comprehensive list of complications to assist in the quality improvement process.

In addition, all of the previous standard reports have been subclassified into seven useful categories, and 21 new reports that are specifically oriented toward day-to-day use in an individual hospital have been added.

The nurse coordinators and College staff will be available to demonstrate

Version 2.5 during the Clinical Congress in the NATIONAL TRACS® booth, which is located in the registration area of the Convention Center. Fellows and other interested individuals are encouraged to stop by and evaluate Version 2.5. The booth will be open from 7:30 am to 5:00 pm through Thursday, October 26, and from 7:30 am to 12:00 noon on Friday, October 27.

Karen Van Maldegiam, MBA, is project manager of NATIONAL TRACS®.

QUALITY OF LIFE, from page 1

Janeway laparoscopic gastrostomies and 22 Stamm gastrostomies. He said that he prefers the Janeway type gastrostomy in the elderly patient since it offers the advantage for long-term feeding access.

He said that potential complications of laparoscopy in the elderly are: bleeding at trocar sites, barotrauma, general anesthesia risks, and abdominal wall hematoma. Finally, he said that laparoscopic procedures in the elderly should not be "trophies," should not be narcissistically driven, and should not take much longer than other procedures.

Kim U. Kahng, MD, FACS, associate professor of surgery and vice-chairman of administrative affairs at the Medical College of Pennsylvania, Philadelphia, asked the question, Is biliary disease in the elderly patient different?

Acute biliary disease, Dr. Kahng said, is increasing in the elderly; it is more common and more virulent, and surgeons are discovering more common bile duct stones. She continued to state that in the elderly population the pathophysiology, presentation, outcome, and complexity of biliary conditions may be very much different from other segments of the population.

For example, she said, some presentations of acute cholecystitis may be atypical, such as malaise or mental deterioration. Treatment options, according to Dr. Kahng, include cholecystectomy (open or laparoscopic), antibiotics, and cholecystostomy. Of cholecystostomy she cautioned that "this may not be sufficient; we may be forced to consider cholecystectomy," because of hidden complications.

Ben Eiseman, MD, FACS, professor emeritus of surgery and medicine at the University of Colorado Health Science Center, Veterans Affairs Distinguished Physician, Denver, CO, talked about how elderly patients make decisions with regard to surgery.

He said that two things the elderly consider are: How long will I live?, and more importantly, What will be the quality of my life? "Elderly people are far more interested in quality of life than in duration of life," Dr. Eiseman said. Young physicians, he continued, may be far less cognizant of this important orientation of the elderly patient than are their older colleagues.

"The elderly don't like to be hustled...they want to talk to the surgeon," Dr. Eiseman said. He described how infrequently patients can actually talk to their surgeons, and are instead left in the care of a "paramedical person in a lab coat and with a stethoscope." He implored physicians to learn the specifics of communicating with the elderly. For example, he said, many elderly patients have some level of high-tone deafness; they need to be in a quiet room when listening to important medical information. He also asked surgeons to sit with the patient, to not appear hurried, to have a family member present (in case the patient becomes confused), to speak with clarity and dignity to the patient, and to follow up the next day on the issue discussed.

Finally, Dr. Eiseman said, "Older people make decisions with a different database and different value judgments, such as palliation and quality of life. There are a lot of things worse than death to the elderly patient."

NLM database program available to Fellows

Fellows of the American College of Surgeons can continue to enjoy virtually unlimited on-line access to the National Library of Medicine's (NLM) databases—including MEDLINE—for a flat fee of \$200 per year. (Canadian Fellows will have to pay an additional charge for telecommunications costs.)

The College recently renewed its contract with NLM to offer this special arrangement for its members. Normally, NLM charges fees that average \$18 per hour, and the NLM estimates that the average cost of a Grateful Med search is \$1.25.

For the \$200 annual fee, subscribers obtain:

- One year of access to MEDLINE—the world-renowned database that contains over 7 million references to medical journal articles from 1966 to the present.
- Access to NLM's 40-plus other databases, which cover topics such as cancer protocol (PDQ), AIDS (AIDS-LINE), and toxicology (TOXLINE).
- A copy of Grateful Med software for IBM-compatible or Macintosh PCs.
- NLM's bimonthly publication, *Gratefully Yours*.
- Technical support via a toll-free

telephone number.

- Access to training and assistance from the NLM's 3,500-member National Network of Libraries of Medicine.

In addition, NLM's "Lonesome Doc" program will link users with a hospital or other medical library so that they can obtain printed copies of entire articles (libraries may charge a fee for this service, which would not be covered by the \$200 fee).

The American College of Surgeons and the National Library of Medicine emphasize that this arrangement is designed for individual use and is not meant to be shared with multiple users.

New members will be sent a user ID code-password, documentation, and customer service telephone numbers. This packet of information will be mailed within five working days as applications are received.

The National Technical Information Service will send the Grateful Med software to members within 10 working days after the application is received.

To obtain a copy of a brochure that outlines the program and includes an application form, stop by the National Network of Libraries of Medicine booth #3005 in the technical exhibit area.

Surgical Forum includes section on outcomes/quality assessment

Eleven papers have been scheduled for presentation in a new section of the Owen H. Wangenstein Surgical Forum that is devoted to outcomes assessment and quality of life issues. The session, which was developed to meet the growing research interest in the outcomes and quality assessment fields, will be held today from 1:30 to 5:00 pm, in the Ernest Morial Convention Center, MR 64-66. William H. Coles, MD, FACS, Buffalo, NY, will serve as moderator.

Papers will represent studies from various disciplines. Based on the current intense focus on these areas in surgery and in the medical profession at large, it is anticipated that this section will become a permanent part of the Surgical Forum.

The 1995 volume of the *Owen H. Wangenstein Surgical Forum*, containing summaries of the reports given at the sessions, is on sale in the Clinical Congress registration area of the convention center.

Official College ties and Fellowship jewelry

Official ACS ties and jewelry are available from Jim Henry, Inc., located in Booth 2707 in the technical exhibit area.



Attendees should make a point to tarry in the ACS Resource Center, a source of information on a multitude of College programs and publications. It is located in the registration area of the convention center and is open 7:30 am to 5:00 pm through Thursday.

ACS practice management manual available at Congress

Surgeons who are entering practice today face numerous challenges. Concerns about practicing good medicine and maintaining quality relationships with patients and peers often must take a back seat to the dynamics of an ever-changing health care environment in which the surgeon must operate. Many of the challenges facing young surgeons today lie not in the realm of science, but in the socioeconomic and business arenas.

In an effort to address a lack of easily accessible, up-to-date information on practice management issues, the American College of Surgeons announces the publication of the manual *Practice Management for the Young Surgeon*. Edited by Charles D. Mabry, MD, FACS, and Irving L. Kron, MD, FACS, the manual was written by authors—many of whom are surgeons—who have expertise in the areas that most challenge the newest members of the surgical profession.

The manual is not intended to be an encyclopedic work on practice management; rather, it is designed to be a

practical guide to practice selection and the business side of surgical practice.

Additionally, throughout the text there are numerous references to selected books, articles, and educational courses that will be helpful to the interested reader.

Although the College intends this manual to be a useful reference primarily for younger surgeons, it hopes that it will be of interest to all Fellows.

The 116-page manual is divided into four major sections:

(1) *The Surgical Marketplace*: "Integrated Health Care: Where Do Surgeons Fit?" by Bruce E. Spivey, MD, FACS; "Evaluating the Marketplace," by Robert D. Brickman, MD, JD, FACS; "Determining Potential Competition/Need in Practice Area," by George Conomikes; and "Credentialing," by Sidney Tolchin, MD, FACS.

(2) *Choosing a Practice*: "Choosing a Partner or Practice," by James A. Anderson, MD, FACS; "Should I Join a Group Practice?" by Stephen K. Plume, MD, FACS; "The Health Main-

tenance Organization," by Gary M. Ferguson, MD, FACS; "Government Practice: Department of Veterans Affairs," by Martha D. McDaniel, MD, FACS; "Military Medicine," by Col. David P. Jaques, MD, FACS; "Academic Practice," by Irving L. Kron, MD, FACS; "Moving from Academics to Private Practice," by E. Christopher Ellison, MD, FACS; "Traditional Solo and Group Practice: Practical Guidelines for the Young Surgeon," by Cheryl L. Toth and Charles D. Mabry, MD, FACS; "Accounting for a Surgical Practice," by Charles D. Mabry, MD, FACS; "Insurance Coding and Processing," by Jacqueline R. Leopold; "Collections for a Surgical Practice: A Surgeon's Viewpoint," by Charles D. Mabry, MD, FACS; "Billing and Collections," by Jacqueline R. Leopold; "Distribution of Practice Revenue, Workloads, and Work Incentives," by George Conomikes; and "Personnel Management" and "Are You Ready for the ADA?" by Alan Luba.

(3) *Legal and Contractual Issues*, by Paul G. Gebhard, JD, and W. Kenneth Davis, Jr., JD.

(4) *Personal Financial Management for Young Surgeons*: "Introduction," by Hugh H. Trout III, MD, FACS; and "Managing Your Personal Finances," by Charles D. Mabry, MD, FACS.

Members of the editorial committee who worked on the development of this manual are: Irving L. Kron, MD, FACS (member, Committee on Young Surgeons); Edward R. Laws, Jr., MD, FACS (member, Board of Regents); Charles W. Logan, MD, FACS (member, Board of Governors); Margaret L. Longo, MD, FACS (member, Board of Regents); Charles D. Mabry, MD, FACS (member, Committee on Young Surgeons); Hugh H. Trout III, MD, FACS (member, Board of Governors); and Linn Meyer (Director, ACS Communications Department).

Copies of *Practice Management for the Young Surgeon* may be obtained for \$20 each in the general registration area where the *Owen H. Wangenstein Surgical Forum* is sold, or by contacting the Communications Department at College headquarters.

Scientific American Surgery now digital

Scientific American Surgery (SAS), the surgical textbook published by Scientific American Medicine under the aegis of the American College of Surgeons, has been expanded and revised to offer increased coverage of surgical techniques (in nine new chapters along with the six previously published) and of the management of common diagnostic and therapeutic dilemmas facing general surgeons (in nine new clinical, problem-based chapters).

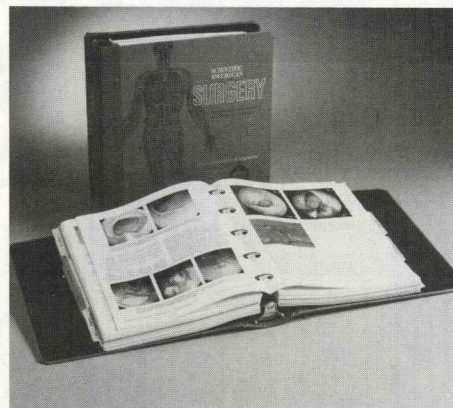
All nine of the technique chapters, originally intended to be published over a three-year period, are scheduled for publication in the 1996 quarterly updates to SAS. These chapters will address surgical procedures on the thyroid and parathyroid, breast, esophagus, stomach, biliary tract, pancreas, intestines, rectum, and anus. In particular, the chapters will include "tricks and traps" from well-known master surgeons (such as John Cameron, MD, FACS, John Sawyers, MD, FACS, and Ira Kodner, MD, FACS).

Of immediate interest is the entry of

SAS into the digital arena. A beta version of SAS-CD—the CD-ROM version of SAS—will be on display at booth 3207 in the technical exhibit area. SAS-CD is user-friendly and offers a number of unique features—such as the ability to navigate text by means of direct connections from the main chapter algorithms, a key component of the printed version of the text. SAS-CD will also include all of the information in SAS, including all tables and color illustrations, and will offer powerful and flexible searching and printing capabilities.

Like SAS, SAS-CD will be updated quarterly. Both Windows and Macintosh versions of SAS-CD will be available—the Windows version is scheduled to be released first, with the Macintosh version to follow within six months.

The fall 1995 SAS update features: "Trauma Resuscitation," by Eugene Moore, MD, FACS, and Frederick Moore, MD, FACS; "Bleeding," by F. William Blaisdell, MD, FACS; "Life-Threatening Electrolyte Abnormalities,"



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by Kimberly Van Zee, MD, and Stephen Lowry, MD, FACS; "Cardiopulmonary Monitoring," by James Holcroft, MD, FACS, Jerome Abrams, MD, FACS, and Frank Cerra, MD, FACS; "Eicosanoids in Surgery," by Martin Weiser, MD, James Hill, MB, Thomas Lindsay, MD, and Herbert Hechtman, MD, FACS; "Non-AIDS Immunosuppression," by Carl Nohr, MD, PhD, FACS; and "Bowel Preparation," by Ronald Lee

Nichols, MD, FACS.

The winter 1996 SAS update will include: "Gastric Procedures," by John Sawyer, MD, FACS; "Upper Gastrointestinal Bleeding," by Richard Schlinkert, MD, FACS, and Keith Kelly, MD, FACS; "Skin Preparation," by Byron Masterson, MD, FACS; "Cytokines and the Cellular Response to Injury and Infection," by Yuman Fong, MD, and Stephen Lowry, MD, FACS; "Pulmonary Dysfunction," by Robert Demling, MD, FACS; and "Infection Control in Surgical Practice," by A. Peter McLean, MD, and Catherine Dixon, RN.

Along with the loose-leaf text, subscribers may opt to receive 30 hours of category 2 CME credit for their reading at no extra cost. This program is accredited by the American College of Surgeons.

For additional information, visit booth 3207 in the technical exhibit area or contact Scientific American Medicine at 415 Madison Ave., New York, NY 10017-1111; tel. 800/545-0554, fax 212/980-3062.

Allied Meetings

Wednesday

Morning

International Society of Surgery, U.S. Chapter

6:45 am - 8:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Jasperwood.

American Society of Colon and Rectal Surgeons, Committee for Review of Colorectal Clinical Trials

7:00 am - 9:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Oak Alley.

Association of Women Surgeons

7:00 am - 9:30 am. Breakfast meeting.
Hilton Riverside, 1st floor, Grand Salon, Suite A, Section 1.

SAGES, Committee Meeting

7:00 am - 10:00 am. Meeting.
Marriott, 4th floor, Bonaparte.

Surgical Infection Society, Long-Range Planning Committee

7:30 am - 9:00 am. Breakfast meeting.
Inter-Continental, 1st floor, Pelican 1.

Tripler General Surgery Program

11:00 am - 1:30 pm. Luncheon.
Westin Canal Place, 1st floor, Terrace.

Afternoon

Central Surgical Association, Membership Advisory Committee

12:00 noon - 3:00 pm. Luncheon.
Hilton Riverside, 1st floor, Grand Salon, Suite B, Section 9.

SAGES, Board of Governors

12:00 noon - 5:00 pm. Meeting.
Marriott, 2nd floor, LaGalerie 2.

American Society of Colon and Rectal Surgeons, Residents' Committee

12:00 noon - 1:30 pm. Luncheon meeting.
Hilton Riverside, 3rd floor, Oak Alley.

American Society of Colon and Rectal Surgeons, Socioeconomic Meeting

1:00 pm - 2:00 pm. Meeting.
Hilton Riverside, 3rd floor, Jasperwood.

Applied Medical Resources

2:00 pm - 8:30 pm. Meeting.
Marriott, 4th floor, Mardi Gras L.

Congressional Reception

4:30 pm - 6:30 pm. Reception.
Hilton Riverside, 1st floor, Grand Ballroom, Suite C.

Evening

American Society of Colon and Rectal Surgeons

5:00 pm - 6:30 pm. Reception.
Ernest N. Morial Convention Center, 3rd floor, MR 80.

USU Surgical Associates/Military Surgery Reception

5:30 pm - 7:00 pm. Reception.
Hilton Riverside, 1st floor, Grand Ballroom, Suite B.

Harlem Hospital Surgical Alumni and Friends

5:30 pm - 7:30 pm. Reception.
Hilton Riverside, 1st floor, Grand Salon, Suite A, Section 6.

University of Colorado, Department of Surgery

5:30 pm - 7:30 pm. Reception.
Hilton Riverside, 1st floor, Grand Salon, Suite B, Section 9.

SAGES, General Membership

5:30 pm - 8:30 pm. Reception.
Marriott, 2nd floor, LaGalerie 3.

Chinese American Surgical Society

6:00 pm. Annual meeting.
Panda Fuji Restaurant, 600 Decatur St.

Case Western Reserve University

6:00 pm - 7:30 pm. Reception.
Hilton Riverside, 3rd floor, Jasperwood.

Society of Graduate Surgeons of USC/LAC

6:00 pm - 8:00 pm. Reception.
Hilton Riverside, 1st floor, Grand Salon, Suite A, Section 2.

University of Washington Henry N. Harkins Surgical Society

6:00 pm - 8:00 pm. Reception.
Hilton Riverside, 1st floor, Grand Salon, Suite C.

Providence Hospital Surgical Alumni Association

6:00 pm - 8:00 pm. Reception.
Marriott, 3rd floor, Mardi Gras A.

Medical College of Delaware

6:00 pm - 8:00 pm. Reception.
Marriott, 4th floor, Mardi Gras M.

Association of Iranian Surgeons

6:00 pm - 8:00 pm. Dinner meeting.
Flaming Torch Restaurant, 329 Decatur St.

American College of Surgeons, Vermont Chapter/University of Vermont Alumni and Department of Surgery

6:30 pm - 7:45 pm. Reception.
Doubletree Hotel, Terrace Room.

Michigan State University, Department of Surgery

7:00 pm - 9:00 pm. Reception.
Marriott, 2nd floor, LaGalerie 1.

Latin American Surgeons

7:00 pm - 9:30 pm. Reception.
Hyatt Regency, Esplanade.

American College of Surgeons, Maryland Chapter/University of Maryland Surgical Society

7:30 pm - 9:30 pm. Reception.
Westin Canal Place, 1st floor, Imperial.

Thursday

Morning

American Society of Colon and Rectal Surgeons, Standards Committee

7:00 am - 8:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Magnolia.

American Society of Colon and Rectal Surgeons, Outcomes Committee

8:00 am - 9:00 am. Breakfast meeting.
Hilton Riverside, 3rd floor, Elmwood.



The Honorable William H. Bristol presides over a mock trial, which was held on Monday as part of Postgraduate Course #19. The realistic trial demonstrated how to cope with courtroom procedures and legal jargon.

Surplus food will be sent to area needy

According to figures from the Physician Task Force on Hunger in America, approximately 20 million Americans go hungry at least a few days each month. In recent years, food assistance organizations in 62 percent of major U.S. cities had to turn people away because of lack of resources.

In an effort to lower these sobering statistics, the College, through the Professional Convention Management Association's (PCMA) "Network for the Needy," will donate surplus goods from Clinical Congress-related meetings and activities. The PCMA network is composed of meeting professionals and bureau executives from major cities across the country.

For more information about Network for the Needy, contact PCMA at 100 Vestavia Office Park, Ste. 220, Birmingham, AL 35216; tel. 205/823-7262.



The exhibit hall of the convention center contains technical and scientific exhibits that offer a plenitude of product information, state-of-the-art gizmo demonstrations, scholarly research, and an atmosphere of scientific community.

Have questions about managed care and practice management?

If so, be sure to stop by the ACS Managed Care Info Exchange located in the registration area at the convention center. Sponsored by the College's Socioeconomic Affairs Department, the booth will provide you with the opportunity to meet consultants from Conomikes Associates who can answer your questions and address concerns you may have about managed care and practice management issues. Consultation is available on a walk-up basis, or you may reserve a time for a personal appointment.

Donor pins available

Attendees of this year's Clinical Congress are encouraged to visit the philanthropy booth in the ACS Resource Center, which is located in the Morial Convention Center. For any size contribution to the ACS Scholarship Endowment Fund, you will receive a special lapel pin that signifies your support. The fund provides over \$800,000 annually for resident scholarships and faculty fellowships.

Information regarding the Fellows Leadership Society and additional philanthropic programs will also be available to Congress participants.

Joint scientific meeting scheduled for Berlin

The American College of Surgeons and the German Surgical Society (GSS) will conduct a joint international scientific meeting in Berlin, Germany, from May 9 to May 11, 1996. The College chose to accept the German Surgical Society's invitation for its next meeting from among several invitations. Berlin has special attractiveness as a meeting venue at this time because of the city's vibrance since the removal of the Berlin Wall and the unification of Germany.

The scientific program is substantially different from other such meetings in the recent past because of its emphasis on the critical socioeconomic issues in health care delivery in many countries of the world—including the United States, Canada, and Germany—that continue to be debated. This program emphasis emanated from the GSS and was enthusiastically supported by the College.

The result is a program featuring some unique subjects for presentation, among them the responsible introduction of new technology into surgical practice, behavioral issues in the operating room, women in surgery, and how surgeons are dealing with their own aging as a limiting factor in their surgical practices. Surgical education and training will also receive considerable attention in the program, as will the environment in which surgery is now being conducted. Videotape presentations from both the College's film library and from the German Surgical Society will be featured.

The faculty from both the College and GSS that will participate in the meeting is a distinguished group of surgical scientists and educators, all highly qualified to address the subjects assigned to them.

The Intercontinental Hotel will serve as headquarters for the meeting. The College anticipates that this international assembly will be an extremely popular and successful opportunity for Fellows and members of the GSS to augment their scientific knowledge and to establish new friendships.

Fellows who wish to attend the Berlin meeting should contact ITS, 104 Wilmot Rd., Deerfield, IL 60015; tel. 708/940-2100, fax 708/940-2386.

Program

Thursday, May 9, 1996

8:30 am, Opening Ceremony

9:00 am, Scientific Session

The Imperative of Science in the Practice of Surgery
Moderator: Jonathan L. Meakins, MD,



Berlin, capital of the Federal Republic of Germany, site of the joint scientific meeting.

FACS

ACS Speaker: LaSalle D. Leffall, Jr., MD, FACS

GSS Speaker: Prof. Christian Herfarth, FACS(Hon)

11:00 am, Scientific Session

Responsible Introduction of New Technology into Surgical Practice
Moderator: Prof. Eduard Farthmann, FACS

ACS Speaker: Frank R. Lewis, Jr., MD, FACS

GSS Speaker: Prof. Friedrich W. Schildberg

2:00 pm, Scientific Session

Infection and Violence as Hazards for the Practicing Surgeon

Moderator: C. James Carrico, MD, FACS

ACS Speaker: Frank R. Lewis, Jr., MD, FACS

GSS Speaker: Prof. Hans G. Beger, FACS

4:00 pm, Scientific Session

Behavioral Issues in the Operating Room

Moderator: Thomas J. Krizek, MD, FACS

ACS Speaker: Samuel E. Wilson, MD, FACS

GSS Speaker: Prof. Albrecht Encke, FACS

Friday, May 10, 1996

9:00 am, Scientific Session

1996 Perspectives in Ambulatory Surgery

Moderator: Charles F. Frey, MD, FACS

ACS Speaker: John R. Kingsley, MD, FACS

ACS Speaker: George W. Machiedo, MD, FACS

GSS Speaker: Prof. Jorge-R. Siewert, FACS

GSS Speaker: Prof. Karl Hempel

1:30 pm, Scientific Session

Selected videotapes from the German Surgical Society and the film library of the American College of Surgeons

Moderators: Prof. Christoph Hottenrott, Prof. Christoph Gebhardt, FACS

Special Presenter: Prof. Konrad Messmer

ACS Discussant: Ward O. Griffen, Jr., MD, FACS

ACS Discussant: Charles F. Frey, MD, FACS

Saturday, May 11, 1996

9:00 am, Scientific Session

Ideal Education for Surgeons—What Should It Be?

Moderator: Prof. Georg Heberer, FACS (Hon)

ACS Speaker: Ward O. Griffen, Jr., MD, FACS

GSS Speaker: Prof. Michael Trede, FACS (Hon)

11:00 am, Scientific Session

"Second Opinions": Dead or Alive?

Moderator: Prof. Hans-Jurgen Peiper, FACS

ACS Speaker: Charles K. McSherry, MD, FACS

GSS Speaker: Prof. Friedrich Wilhelm Eigler

2:00 pm, Scientific Session

Women in the Practice of Surgery

Moderator: Kathryn D. Anderson, MD, FACS

ACS Speaker: Patricia J. Numann, MD, FACS

GSS Speaker: Prof. Doris Henne-Bruns

4:00 pm, Scientific Session

Defining the Validity of Age as a Limiting Criterion for the Practice of Surgery

Moderator: Prof. Wilhelm Hartel

ACS Speaker: Lazar J. Greenfield, MD, FACS

GSS Speaker: Prof. Hans-Dietrich Roher

Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 12,661. Of that number, 7,970 were physicians and 4,691 were exhibitors, guests, spouses, or convention personnel.